

**Office of Administration
Commissioner's Office**

"Request for Preauthorization for Other Services"

Program: Alternatives to Abortion

Contractor: Nurses for Newborns

Subcontractor: N/A

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved before purchased/provided to be reimbursed.

Client Name: [REDACTED]

Date Enrolled: _____

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
	Car Payment	Before 2/20 \$247.76 after 3/17 \$260.15	Mother's BP elevated and off work 1 extra month Plans to go back earn March. Also Asked friends & Sisters for money
AMOUNT TO BE REIMBURSED			

Please return to Alternatives to Abortion Program Manager, State of Missouri - Office of Administration, Commissioner's Office, State Capitol Building, Room 125, Jefferson City, MO 65101. May be faxed to 573/751-1212 or emailed to emily.kraft@oa.mo.gov by the Contractor only!

Thank you.

Authorized person requesting purchase:

Jenny Uhlig W/M/JM

Approved for purchase: _____ Date _____

Purchase denied: _____ Date _____

Reason for denying purchase: _____

0

OK to pay Emily Kraft 2/22/17

MIDWEST ACCEPTANCE CORP
COUPON NO. 4

ACCOUNT # [REDACTED]

PAYMENT DUE ON:

RECEIVED 7/17 1247.75

DUE AFTER:

08/27/17 250.00

(FOR CUSTOMER USE)

AMOUNT PAID

TOTAL DUE